

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715080

Entity Name: SOUTH WALTON UTILITY COMPANY, INC.**Current Principal Place of Business:**369 MIRAMAR BEACH DRIVE
MIRAMAR BEACH, FL 32550**Current Mailing Address:**369 MIRAMAR BEACH DRIVE
MIRAMAR BEACH, FL 32550 US**FEI Number:** 59-1673712**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANCHORS, C LEDON
909 MAR WALT DRIVE, SUITE 1014
FT WALTON BEACH, FL 32547 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	BROWN, DAVID
Address	746 BAYSHORE DRIVE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	PRESIDENT
Name	RICHARDSON, MICHAEL
Address	11176 HIGHWAY 98 WEST
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	DIRECTOR
Name	ABT, PETER M
Address	294 BAYTREE DRIVE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	SECRETARY
Name	STEPHEN, DIXON D
Address	146 BAYSHORE DRIVE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	DIRECTOR
Name	TERRY, DUSTIN K
Address	135 AZURE PLACE
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	TREASURER
Name	SCHELER, JASON
Address	482 DRIFTWOOD PT RD
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	STOWE, DAVID L
Address	3201 BAY ESTATES DR
City-State-Zip:	MIRAMAR BEACH FL 32550

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN DIXON**SECRETARY****03/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date